

# CITY OF SPRINGFIELD

## GIC Health Insurance Premium – January 2007 *Premiums include City of Springfield-Sponsored dental plan*

### RATES FOR ACTIVE EMPLOYEES AND RETIREES WITHOUT MEDICARE

		52 Wks	39 Wks	35 Wks	26 Wks	22 Wks	Monthly
<b>Commonwealth Indemnity Plan Basic With CIC</b>	Single	39.57	52.76	58.79	79.14	93.53	171.47
	Family	92.57	123.43	137.53	185.14	218.80	401.14
<b>Commonwealth Indemnity Plan Basic Without CIC</b>	Single	37.81	50.42	56.18	75.63	89.38	163.86
	Family	88.49	117.99	131.48	176.99	209.17	383.47
<b>Commonwealth Indemnity Plan Community Choice</b>	Single	19.13	25.50	28.42	38.26	45.21	82.89
	Family	46.00	61.33	68.34	92.00	108.72	199.32
<b>Commonwealth Indemnity Plan PLUS</b>	Single	27.15	36.19	40.33	54.29	64.16	117.63
	Family	64.89	86.52	96.40	129.77	153.37	281.18
<b>Fallon Community Health Plan Direct Care</b>	Single	20.97	27.96	31.15	41.94	49.56	90.86
	Family	50.42	67.22	74.90	100.83	119.16	218.47
<b>Fallon Community Health Plan Select Care</b>	Single	24.55	32.74	36.48	49.10	58.03	106.39
	Family	58.40	77.87	86.77	116.80	138.04	253.07
<b>Harvard Pilgrim Independence Plan</b>	Single	27.07	36.09	40.21	54.13	63.98	117.29
	Family	65.53	87.38	97.36	131.06	154.89	283.97
<b>Health New England</b>	Single	21.97	29.29	32.64	43.94	51.92	95.19
	Family	54.47	72.63	80.93	108.94	128.75	236.04
<b>Navigator by Tufts Health Plan</b>	Single	27.04	36.05	40.17	54.08	63.91	117.17
	Family	65.71	87.61	97.63	131.42	155.32	284.75
<b>NHP Care</b>	Single	22.09	29.46	32.82	44.19	52.22	95.74
	Family	58.36	77.82	86.71	116.73	137.95	252.91
<b>NHP Community Care</b>	Single	20.24	26.99	30.07	40.48	47.84	87.72
	Family	53.46	71.27	79.42	106.91	126.35	231.64

# CITY OF SPRINGFIELD

## Monthly GIC Health Insurance Premium – January 2007 *Premiums include City of Springfield-Sponsored dental plan*

### RATES FOR RETIREES WITH MEDICARE

*Rates with pension of \$30,001 or more as of June 30, 2006      Rates with pension of \$30,000 or less as of June 30, 2006*

<b>Medicare Monthly Rates</b>			
<b>Commonwealth Indemnity Plan Medicare Extension (OME) without CIC</b>	Single	<b>88.77</b>	<b>35.51</b>
	Family	<b>179.92</b>	<b>71.97</b>
<b>Commonwealth Indemnity Plan Medicare Extension (OME) with CIC</b>	Single	<b>91.29</b>	<b>36.52</b>
	Family	<b>184.96</b>	<b>73.98</b>
<b>Fallon Senior Plan Preferred</b> <i>Note: Rates May Change January 1, 2007</i>	Single	<b>42.99</b>	<b>17.20</b>
	Family	<b>88.36</b>	<b>35.35</b>
<b>Harvard Pilgrim First Seniority Freedom</b> <i>Note: Rates May Change January 1, 2007</i>	Single	<b>51.26</b>	<b>20.50</b>
	Family	<b>104.90</b>	<b>41.96</b>
<b>Health New England MedRate</b>	Single	<b>101.33</b>	<b>40.53</b>
	Family	<b>205.05</b>	<b>82.02</b>
<b>Tufts Health Plan Medicare Complement</b>	Single	<b>87.84</b>	<b>35.14</b>
	Family	<b>178.06</b>	<b>71.22</b>
<b>Tufts Health Plan Medicare Preferred</b> <i>Note: Rates May Change January 1, 2007</i>	Single	<b>41.88</b>	<b>16.75</b>
	Family	<b>86.05</b>	<b>34.42</b>

*Please refer to your GIC Benefit Decision Guide for plan choices if one member of your family is eligible for Medicare and the other member is not eligible for Medicare.*